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SEHIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT		ATTORNEY DOCKETT NO.
07/695	,682 05/03	9/91 SOUTHERN	E	07-573317(26
			MARSCHE	LEXAMINER
WENDER	OTH, LIND &	18N1/0325		
SOUTHE	RN BLDG, STE	700	ART UNIT	PAPER NUMBER
	TH ST, NW GTON, DC 200)5	1807	14
		EXAMINER INTERVIEW SUMMARY RECO	DATE MAILED: DRD	03/25/94
All participants (applican	t, applicant's representa	utive, PTO personnel):		
MATTHE	W JACOB	Carl ray (3)		
(2) DRDIN M	MRSCHEL	(Ear) (4)		
Date of interview	12-13-9	• • • • • • • • • • • • • • • • • • • •		
	Personal (conv le alv	on to Compliant Conflict to contact the		
Type: A elephonic Personal (copy is given to applicant applicant's representative). Exhibit shown or demonstration conducted: Yes A No. If yes, brief description:				
	State of Controlled.	ves pe (40. II yes, oner description:		
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Agreement 🗆 was read	ched with respect to son	ne or all of the claims in question.	l.	
Claims discussed: and 17				
Identification of prior art o	discussed:	N/A		
Deportation of the second	.l =at		9110	discussed
the claim	wording of	reed to if an agreement was reached, or any other con	hat is n	mant sagarding
"defined po	it", "clos	en lengths", and "arra	y "as c	ompared to
dain 17.				V
(A fuller description, if ne attached. Also, where no	cessary, and a copy of to copy of the amendmen	the amendments, if available, which the examiner agre tts which would render the claims allowable is available	ed would render the	e claims allowable must be
		e a separate record of the substance of the interview.		,
MAINED WAD WOST IM	JLUDE THE SUBSTAN	o Indicate to the contrary, A FORMAL WRITTEN RESF CE OF THE INTERVIEW (e.g., Items 1-7 on the revers Iven one month from this Interview date to provide a sta	a elde of this form)	If a recognice to the least Office
requirements the	at may be present in the ements of the last Office	y above (including any attachments) reflects a complete last Office action, and since the claims are now allowed action. Applicant is not relieved from providing a separation.	able, this completer	form is considered to fulfill the
PTOL-413 (REV. 2 -93)	OBIONAL	Examiner's Sign	nature	
	OHIGINAL	FOR:INSERTION IN RIGHT HAND FLAP OF FILE !	WRAPPER	